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Lloyd G. Farr
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Jennifer Falcone (Depositor's name)
 Jennifer Falcone (Signature)
 October 14, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/954,829	09/12/2001	Robert O. Huff	03752/09148CON5	8861

TITLE OF INVENTION: NON-IMPACT KEYLESS CHUCK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	12/22/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOWELL, DANIEL W	3722	279-062000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Power Tool Holders Incorporated

Christiana, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☐ Payment by credit card. Form PTO-2038 is attached.
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Lloyd G. Farr 10-14-03

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 02 FC:1504 300.00 0P
 03 FC:8001 30.00 0P

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October 14, 2003

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application of Robert O. Huff, et al.
Entitled: "Non-Impact Keyless Chuck"
Serial No.: 09/954,829
Our Ref: 03752/09148-CON5


Dear Sir:

The following are transmitted herewith:

1. Transmittal sheet (original plus one copy)
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Please charge any deficiency or credit any overpayment required by this action to our deposit account no. 50-1196, for which purpose an extra copy of this transmittal letter is attached.

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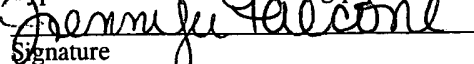
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Date of Deposit October 14, 2003

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